Supplementa Expenditure (Government Code Se	•	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers p		REC	e Stamp	CALIFORNIA FORM	State State State	
SEE INSTRUCTIONS OF	NREVERSE	Amendment (Explain B	Below)	through09/30/20 Date of election if a	pplicable:	2014 OCT -	-6 M II: 3	Page 1 For Official	of6 Use Only	
	·			(Month, Day, Y	·	OFF THE C	YCE OF TY CLERK			
1. Committee	Filer Information	I.D. NUMBER (If recipient committee)	e)	Treasurer (If recipient co		WORLDSAUM			
COMMITTEE/FILER' Strong Orange	SNAME County Neighborhoods Politic	:al Action Committee	······································	NAME OF TREASU						
STREET ADDRESS	(NO P.O. BOX)			MAILING ADDRESS						
	all, Suite 600			455 Capitol M	Mall, Suit		TATE ZIP CODE	AREA C	ODE/PHONE	
CITY	STATE ZIF	P CODE AREA CODE/PHO	ONE	OH						
Sacramento OPTIONAL: FAX/E		5814 (916)442-775	57 	Sacramento OPTIONAL: FAX/E	-MAIL ADDRE		CA 95814	(916)4	142-7757	
2. Name of Ca	ndidate or Measure Sup	ported or Opposed						····	CHECK ONE	-
NAME OF CANDIDA	TE			OFFICE SOUGHT OR HEL	D AND DISTE	RICT, IF APPLICA	BLE	SU	JPPORT OPPOSE	-
Measure Y				City of Newport B	Beach				Х	_
NAME OF BALLOT N	IEASURE			BALLOT NO./LETTER	JURISDICTI	ON		SL	JPPORT OPPOSE	
3. Independer	nt Expenditures Made Atta	ach additional information on appr	ropriately l	abeled continuation shee	ets.			CUMULATIVE	E TO DATE	_
DATE	NAME AND ADDRE	SS OF PAYEE	j	DESCRIPTION OF EXPE	NDITURE		AMOUNT	CALENDA (JAN. 1 - D		
09/15/2014	Meridian Pacific, Inc. 925 University Avenue Sacramento, CA 95825		Slate M	ailers			33,084.00		36,591.0	ō
08/25/2014	Landslide Communications, Inc 30011 Ivy Glenn Drive, Suite Laguna Niguel, CA 92677	223	Newport				Merid	yment made throu ian Pacific, Inc	igh:	_
08/25/2014	#1306386 - \$1,152.50, 598040 - \$1 Budget Watchdogs Newsletter 1954 W. Carson Street, Suite Torrance, CA 90501		, 129366 Slate M		υ - \$1,152.	50, 1284120 -	3,131.00 MEMO	yment made throu	ıah:	

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Report covers period	Date Stamp	CALIFORNIA ACE
from01/01/2014		FORM 400
through 09/30/2014		Page 2 of 6
Date of election if applicable: (Month, Day, Year)		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

V Independ	lent Expenditures Made Attach additional information NAME AND ADDRESS OF PAYEE	n on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
8/25/2014	California Justice Voter Guide 4001 Inglewood Avenue, Bldg. 101, Suite 162 Redondo Beach, CA 90278	Slate Mailer	1,968.00 MEMO Subp Merio	
08/25/2014	California Republican Taxpayers Association Voter Guide 1130 Fremont Blvd., Suite 105-115 Seaside, CA 93955	Slate Mailer		yment made through: lian Pacific, Inc.
08/25/2014	California Taxpayer Protection Voter Guide 9321 Silverbend Lane Elk Grove, CA 95624	Slate Mailer		i e
08/25/2014	California Voter Guide 1954 W. Carson Street, Suite B Torrance, CA 90501	Slate Mailer		
08/25/2014	California Senior Advocates League Voter Guide 1954 W. Carson Street, Suite B Torrance, CA 90501	Slate Mailer		ł .
08/25/2014	Citizens for Good Government 728 W. Edna Place Covina, CA 91722	Slate Mailer		t

11/04/2014

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Report covers period	Date Stamp	CALIFORNIA ACE
from01/01/2014		FORM 400
through 09/30/2014		Page3 of6
Date of election if applicable: (Month, Day, Year)		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

any other required	Campaign statements.			I.
IV Independ	dent Expenditures Made Attach additional information NAME AND ADDRESS OF PAYEE	ation on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
08/25/2014	Conservative Voter Guide 9321 Silverbend Lane Elk Grove, CA 95624	Slate Mailer		i
08/25/2014	Continuing the Republican Revolution 1300 Bristol Street North, Suite 100 Newport Beach, CA 92660	Slate Mailer		
08/25/2014	Council of Concerned Women Voters 2350 Hildalgo Avenue Los Angeles, CA 90039	Slate Mailer	292.00 MEMO Subp Merio	
08/25/2014	Democratic Voters Choice 728 W. Edna Place Covina, CA 91722	Slate Mailer		yment made through: ian Pacific, Inc.
08/25/2014	Our Voice Latino Voter Guide 2350 Hidalgo Avenue Los Angeles, CA 90039	Slate Mailer		
08/25/2014	Parents for Progress 4001 Inglewood Avenue, Bldg. 101, Suite 162 Torrance, CA 90278	Slate Mailer		

11/04/2014

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Report covers period	Date Stamp	CALIFORNIA ACE
from01/01/2014		FORM 400
through 09/30/2014		Page4 of6
Date of election if applicable: (Month, Day, Year)		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

IV Independ	dent Expenditures Made Attach additional info	rmation on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
08/25/2014	Voter Guide Slate Cards 6285 E. Spring Street, Suite 202 Long Beach, CA 90808	Slate Mailer		ł .
08/25/2014	Voter Newsletter 15021 Ventura Blvd., Suite 530 Sherman Oaks, CA 91403	Slate Mailer		
08/25/2014	Coalition for Senior Citizen Security 2350 Hidalgo Avenue Los Angeles, CA 90039	Slate Mailer		
09/15/2014	Meridian Pacific, Inc. 925 University Avenue Sacramento, CA 95825	Slate Mailers	3,507.00	36,591.00
09/02/2014	Election Digest G2014 13701 Riverside Drive, Suite 604 Sherman Oaks, CA 91243	Slate Mailer	956.00 MEMO Subp Meri	
09/02/2014	Californians Vote Green 11845 West Olympic Blvd., Suite 645 Los Angeles, CA 90064	Slate Mailer		

11/04/2014

		SUPPLEMENTAL INDEPENDENT EXPEN			
Supplemental Independent	Type or print in ink. Amounts may be rounded	Report covers period	Date Stamp	CALIFORNIA ACE	
Expenditure Report	to whole dollars.	from01/01/2014		FORM 465	
SEE INSTRUCTIONS ON REVERSE		through 09/30/2014		Page5 of6	
For use by an officeholder, candidate, or committee ma					
more in a calendar year to support or oppose a single be filed at the same times and places as the campaigr opposed or by a committee primarily formed to support			For Official Use Only		
be filed for each candidate or measure being supporte any other required campaign statements.		11/04/2014			
IV Independent Expenditures Mad		ppriately labeled continuation she	ets.	CUMULATIVE TO DATE CALENDAR YEAR	

IV Independ	dent Expenditures Made Attach additional info	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		
09/02/2014	No Party Preference Voter Guide 5429 Madison Avenue Sacramento, CA 95841	Slate Mailer	1,000.00 MEMO Subp Meri	1

Supplemental Independent

Type or print in ink.

SUPPLEMENTAL	INDEPENDENT	EXPENDITURE
	1837 (1838 F. 1943 F.	

Expenditure Report		s may be rounded hole dollars.	Report covers period from 01/01/2014	FORM 465
EE INSTRUCTIONS ON REVERSE			through 09/30/2014	Page66
AME OF FILER				I.D. NUMBER (If recipient com.)
trong Orange County Neighborhoods Political Action	Committee			1367768
. Summary				
1. Total independent expenditures of \$100 or more ma	de this period. (Pa	art 3.)		\$36,591.00
2. Total independent expenditures under \$100 made th	is period. (Not iter	mized.)		\$0.00
3. Total independent expenditures made this period (A	\dd Lines 1 + 2.) .		тот.	AL \$36,591.00
. Filing Officers Enter the name and address of each	filing officer with wh	nom the filer's most recent campa	nign statements (Form 450, 460 or 4	461) have been filed.
1) NAME OF FILING OFFICER		3) NAME OF FILING O	PFFICER	
Orange County Registrar of Voters ADDRESS (NO. AND STREET)		ADDRESS	(NO. AND STREET)	
1300 South Grand Avenue, Bldg. C		ADDITEGO	(NO. AND STREET)	
CITY STA	E ZIP CODE	CITY		STATE ZIP CODE
Santa Ana CA	92705			
2) NAME OF FILING OFFICER		4) NAME OF FILING O	PFFICER	
City of Newport Beach	···			
ADDRESS (NO. AND STREET)		ADDRESS	(NO. AND STREET)	
100 Civic Center Drive CITY STAT	E ZIP CODE	CITY		STATE ZIP CODE
Newport Beach CA	92660	Ont		STATE ZIP CODE
. Verification				
I certify that the "independent expenditure(s)" disclosed in thi as those terms are defined in Government Code Section 820 statement and to the best of my knowledge the information of the foregoing is true and correct.	31 and FPPC Regula	ation 18225.7. I have used all reas	sonable diligence in preparing and re	viewing this
Executed on10/03/2014	Ву		Talente	
DATE	_	SIGNATURE OF FILER, TR	REASURER OR ASSISTANT TREASURER	
Executed onDATE	BySIGNATURE OF	CONTROLLING OFFICEHOLDER, CANDIDATE,	STATE MEASURE PROPONENT, OR RESPONSIE	BLE OFFICER OF SPONSOR
Executed on	Ву	SIGNATURE OF CONTROLLING OFFICE	HOLDER, CANDIDATE, STATE MEASURE PROPO	MENT
Executed on	Ву	S.S. WHOLE OF CONTROLLING OFFICER	TOLDER, GANDIDATE, STATE MEASURE PROPE	\[\]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT